

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 0418		2. PERSON REPRESENTED JEREMY BROWN		VOUCHER NUMBER 0418.0000539	
3. MAG. DKT./DEF. NUMBER 1:16-MJ-00189-1-JLW-JLW		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. BROWN		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other <input type="checkbox"/> Appeal <u>Other representation required</u>		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE Other types (e.g., line ups, consultations, prisoner transfer, etc.)					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i>					
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix) AND MAILING ADDRESS James Braxton Craven, III - Bar Number: 997 P.O. Box 1366 Durham, NC 27522 Phone: 919-688-8295 Fax: 919-688-7832			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other (See Instructions) _____ Joe L. Webster /S/ _____ Signature of Presiding Judge or By Order of the Court 7/22/2016 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) James B. Craven, III, Attorney at Law - TIN: XX-XXXXXXX P. O. Box 1366 Durham, NC 27702 Phone: 919-688-8295 Fax: 919-688-7832					
CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings	0.20	\$25.80		
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$ 129.00) TOTALS		0.20	\$25.80		
Out of Court	a. Interviews and Conferences	0.90	\$116.10		
	b. Obtaining and reviewing records	0.20	\$25.80		
	c. Legal research and brief writing	0.20	\$25.80		
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
(RATE PER HOUR = \$ 129.00) TOTALS		1.30	\$167.70		
17.	Travel Expenses (lodging, parking, meals, mileage, etc)				
18.	Other Expenses (other than expert, transcripts, etc)		\$3.30		
GRAND TOTALS (CLAIMED AND ADJUSTED)			\$196.80		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: 7/22/2016 TO: 7/22/2016			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number 0 <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give details on additional sheets I swear or affirm the truth or correctness of the above statements. Signature of Attorney James Braxton Craven, III /S/ Date 8/4/2016					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP. \$25.80	24. OUT OF COURT COMP. \$167.70	25. TRAVEL EXPENSES \$0.00	26. OTHER EXPENSES \$3.30	27. TOTAL AMT. APPR./CERT. \$196.80	
28. SIGNATURE OF THE PRESIDING JUDGE Joe L. Webster /S/			DATE 8/10/2016	28a. JUDGE CODE 18BD	
29. IN COURT COMP. \$0.00	30. OUT OF THE COURT COMP. \$0.00	31. TRAVEL EXPENSES \$0.00	32. OTHER EXPENSES \$0.00	33. TOTAL AMT. APPROVED \$0.00	
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount /S/			DATE	34a. JUDGE CODE	